PTC/SB/06 (12-04)

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	PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									1065580		
	APPLICATION AS FILED - PART I (Column 1) (C					Dotumn 2) SMALL ENTITY			ENTITY	OR	OTHER THAN SMALL ENTITY	
		FOR	NUMBI	ER FILED	NUMB	ER EXTRA	1	RATE (\$)	FEE (\$)		RATE (S)	FEE (\$)
		SIC FEE CFR 1.16(a), (b), or (c))					1		395			700
	SE	ARCH FEE CFR 1.16(N), (i), or (m))					1					
	EX	AMINATION FEE CFR 1.16(0), (p), or (q))]					
		TAL CLAIMS CFR 1.16(i)		minus 2	0 = -			x25-		OR	×50 =	·
		DEPENDENT CLAIMS CFR 1.16(h))		minus 3			1	× 100			×300	
and the state of t	FEI	PLICATION SIZE E CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional SATE here to be in a company to the second secon								eccaso zear	Taraharonis markon
· · · · · · · · · · · · · · · · · · ·					(G) and 37 CF			11. Co .> SEMENCIEM	33446511	بيعين ٠٠٠		
	ΜŲ	MULTIPLE DEPENDENT CLAIM PRESENT (37 OFR 1.18(II))						780		•	360	
	* If the difference in column 1 is less than zero, enter "O" in column 2.							TOTAL			TOTAL	
		APPLICA	TION AS A	MEND	IENDED - PART II							•
			(Column 2) (Column 3)					SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
	ENT A	RE	XLAIMS MAINING AFTER ENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	ŀ	RATE (\$)	ADDI- TIONAL FEE (\$)	_	RATE (S)	ADDI- TIONAL FEE (\$)
	ME	Total • C GP CFR 1.1800)	30	Minus		•]	×35.		OR	×50-	
	AMENDM	Independent (37 CFR 1.16(h))	5	Minus	- 5	=	11	×100-		OR	200-	
	AME	Application Size Fee (37 CFR 1.16(s))										
	_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(0))						180		OR	360	
								ADD'L FEE		OR	TOTAL ADD'L-FEE	
			tumn 1)		(Column 2)	(Column 3)						
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	Σ	Total GF CFR 1.18(1)	23	Minus	- 30	-		26.	:	OR .	×5O ²	
	END	Independent (37 CFR 1.16(h))	5	Minus	- 5	• —		×100	/	OR :	A00-	
	AM	Application Size Fee (1					
		FIRST PRESENTATION] [180		OR	260					
								TOTAL ADOL FEE	/	or /	TOTAL ADD'L FEE	
·	If the entry in column 1 is less than the entry in column 2, write "O" in column 3, If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3 enter "2".											
	The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the											

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